August 27, 2010

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NDEQ Air Quality Division 1200 N Street Atrium, Suite 400 Lincoln, Nebraska 68509-8922

Subject:

Beatrice Power Station Initial Notification Form

Dear Sir or Madam:

Enclosed is the initial notification form as required in 40 CFR Part 63, Subpart ZZZZ for one (1) emergency compression ignition reciprocating internal combustion engine located at Nebraska Public Power District's Beatrice Power Station. If you have any questions regarding the notification please contact me at 402-563-5333.

Sincerely,

Jason Vanek, P.E.

Environmental Engineer

Cc: Region VII EPA - Air & Waste Management



NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY Air Quality Division

INITIAL NOTIFICATION FORM

Applicable Rule: 40 CFR Part 63. Subpart ZZZZ - National Emission Standards for Hazardous Air Pollutants (NESHAP) for Stationary Reciprocating Internal Combustion Engines (RICE) - Promulgated 6/15/04, 1/18/08, & 3/3/10

Company Name Beatrice Power Plant	Facility ID# 76739		
Owner/Operator/Title Nebraska Public Power District			
Mailing Address PO Box 499			
City Columbus	Zip <u>68602</u>		
Plant Address (if different than owner/operator's mailing address):			
Street 20261 SW 61st Road			
City Beatrice	Zip <u>68310</u>		

Plant Phone Number <u>402-787-5256</u>

Plant Contact/Title Todd Chinn. Environmental Coordinator

This form must be completed, signed and submitted to the following agencies:

NDEQ Air Quality Division 1200 'N' St. Atrium, Suite 400 Lincoln, NE 68509-8922 <u>and</u>

Region VII EPA - Air & Waste Management

901 N. 5th Street

Kansas City. KS 66101-2907

If your facility is located in Omaha or Lancaster County, you must submit a notification to the appropriate air pollution control agency in that area and Region VII EPA.

Provide the following information for the applicable stationary engine(s). Add additional tables or rows as needed.

Unit #	Engine Startup Date	Site Rating Brake Horsepower	Displacement (liters/cylinder)	Fuel(s) Combusted	Compression Ignition	Spark Ignition	Emergency	Limited Use
1	9/20/04	1,135	28	Diesel	⊠ YES	4-Stroke 2-Stroke Lean Burn Rich Burn	⊠ YES	☐ YES
					☐ YES	4-Stroke 2-Stroke Lean Burn Rich Burn	☐ YES	☐ YES
					☐ YES	4-Stroke 2-Stroke Lean Burn Rich Burn	☐ YES	☐ YES

Unit #	Engine Startup Date	Site Rating Brake Horsepower	Displacement (liters/cylinder)	Fuel(s) Combusted	Compression Ignition	Spark Ignition	Emergency	Limited Use
	Date				☐ YES	4-Stroke 2-Stroke Lean Burn Rich Burn	☐ YES	☐ YES
					☐ YES	4-Stroke 2-Stroke Lean Burn Rich Burn	☐ YES	☐ YES
Source Classification - Check the box that applies: Facility is a major source of hazardous air pollutants (HAPs).* Facility is an area source of HAPs.* *Note: A major source is a facility that has a potential to emit greater than 10 tons per year of any single HAP or 25 tons per year of all HAPs combined. All other sources are area sources. The major/area source determination is based on all HAP emission points inside the facility fence line.								
Is the engine(s) a new/reconstructed emergency or limited use engine and > 500 horsepower located at a major source of HAP? Xes No If YES, the engine(s) does not have any additional requirements under Subpart ZZZZ, but you must meet the requirements of 40 CFR Part 60 New Source Performance Standards Subpart IIII for Compression Ignition Engines or Subpart JJJJ for Spark Ignition Engines.								
Source Type - Check the box that applies: New Source* Existing source* *Note: To determine if you are a new or existing source, see the attached information following this form.								
Print or type the name and title of the Responsible Official for the facility:								
Name:	Patrick 1	L. Pope	Т	itle: <u>Vice Pre</u>	sident and C	hief Operati	ng Officer	
 A Responsible Official can be: The president, vice president, secretary, or treasurer of the company that owns the plant; An owner of the plant; A plant engineer or supervisor of the plant; A government official, if the plant is owned by the Federal, State, City, or County government; or A ranking military officer, if the plant is located at a military base. 								
I CERTIFY THAT INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. (Signature of Responsible Official) (Date)								